UNITED STATES DISTRICT COURT DISTRICT OF OREGON

		Civ	il Case No. 3:	13-cv-215	2 SI	
MICHAEL HETI Individually, and Plaint	d on behalf of the Class	AP	 APPLICATION FO ADMISSION – PA		OR SPECIAL	
v.						
	(S, INC. and OMAHA RNATIONAL, INC.					
Defen	dant(s).					
Attorr	ney Jaime Drozd Allen	rec	quests special a	dmissior	n <i>pro hac vice</i> in	
the above-capt	tioned case.					
requirements o	of Attorney Seeking Pro and Certify that			understa	and the	
(1)	PERSONAL DATA:			_		
	Name: Allen	Jaime		D.		
	(Last Name)	(First Name)	in IID	(MI)	(Suffix)	
	Firm or Business Affilia			<u> </u>		
	Mailing Address:	1201 Third Avenue,	Suite 2200			
	City: Seattle	State:	WA	Zip:	98101	
	Phone Number: 206-7		Fax Number:	200 7	57-7039	
	Business E-mail Addres	tatana alban Albana	om			
	Dasinos L'inan Addres	J				

	R ADMISSIONS INFORMATION:				
(a)	State bar admission(s), date(s) of admission, and bar ID number(s): Washington, 11/29/04, #35742				
	Commonwealth of Massachusetts, 01/02, # 651767				
(b)	Other federal court admission(s), date(s) of admission, and bar ID number(s): Western District of Washington, 03/17/05, #35742				
	Eastern District of Washington, 05/09/05, #35742				
	US District Court Massachusetts, 03/28/02, #651767				
CEF	RTIFICATION OF DISCIPLINARY ACTIONS:				
(a)	☑ I am not now, nor have I ever been subject to any disciplinary action by any state or federal bar association; or				
(b)	☐ I am now or have been subject to disciplinary action from a state or federal bar association. (See attached letter of explanation.)				
CEF	RTIFICATION OF PROFESSIONAL LIABILITY INSURANCE:				
insu	re professional liability insurance, or financial responsibility equivalent to liability rance, that will apply and remain in force for the duration of the case, including any ral proceedings.				
REF	PRESENTATION STATEMENT:				
I am	representing the following party(s) in this case:				

(6)	CM/ECF REGI	STRATION:
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Concurrent with approval of this *pro hac vice* application, I acknowledge that I will become a registered user of the Court's Case Management/Electronic Case File system. (*See* the Court's website at <u>ord.uscourts.gov</u>), and I consent to electronic service pursuant to Fed. R. Civ. P 5(b)(2)(E) and the Local Rules of the District of Oregon.

DATED this 12th day of September , 2014

(Signature of Pro Hac Counsel)

Jaime Drozd Allen
(Typed Name)

CERTIFICATION OF ASSOCIATED LOCAL COUNSEL:

DATED this 12th day of September

I certify that I am a member in good standing of the bar of this Court, that I have read and understand the requirements of LR 83-3, and that I will serve as designated local counsel in this particular case.

			XIA	100	
			(Signature of Local Couns	el)	
Name:	Bosworth		Duane		
	(Last Name)		(First Name)	(MI)	(Suffix)
Oregon	State Bar Num	ber: 825077			
Firm or	Business Affili	ation: Davis Wright	Tremaine, LLP		
Mailing	Address: 130	00 S.W. Fifth Avenue	e, Suite 2400		
	ortland		State: Oregon	Zip: 97201	
Phone Number: (503) 778-5224		Business E-mail Address:	duanebosworth@dv	wt.com	
					
		CO	OURT ACTION		
		☐ Application approv	wed subject to payment of fees.		
	DATED this _	day of	,		
			Judge		